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TECH HINTS

MICROFILTRATION FOR CAPILLARY TUBE USE

Mary N. Crawford

Capillary tube testing requires reagents free of particulate matter and excessive lipids. It is difficult to filter, by the usual methods, the small amounts that are suitable for this technique. A microfilter that can be assembled rapidly (2 min) and has proved useful for this purpose, is described. A Tampax^R tampon (Tam Brands, Inc., Lake Success, NY) should be pulled apart and enough fibers torn off to pack down to a 0.6 cm (1/4 inch) amount in a small 4.7 cm pipette filter tip (Electra Tips 620/650, Medical Laboratory Automation, Inc., Mt. Vernon, NY) from which the last 0.6 cm has been cut off to enhance the flow. Approximately 1–2 cm of Seitz fibers should be tamped down on top of the Tampax^R fibers. These fibers can be taken from the leftover Seitz material surrounding punched out pads in commercial filtration kits (11 or 22 mm filter discs made for the 2 or 25 mL sized Boerner Centrifugal Filters distributed by Arthur H. Thomas Co.). The microfilter is then inserted into a 400 μL polyethylene microcentrifuge tube (MC-1 from Analytical Lab Accessories), and two or more drops of serum are put into the microfilter pipette tip. This whole assembly is put into a 1 mL Fisher plastic tube for centrifugation. A hard spin, 7000 rpm for 5 min, is necessary for passage of reagents through the combination of fibers, therefore a Fisher type centrifuge is helpful. For virtually total recovery of reagents, two drops of saline or 6 percent bovine albumin may first be spun through the microfilter and then completely removed from the microcentrifuge tube before centrifugation of the serum.

This procedure is depicted in Figure 1.

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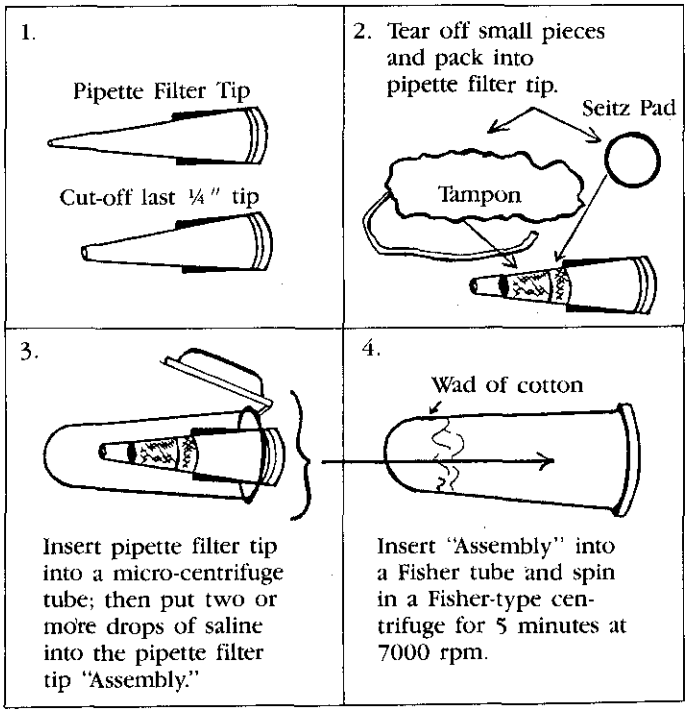
Figure 1. Improved microfilter for clarification of sera for capillary tube testing*



* With this apparatus, it is possible to filter 2–3 drops of serum. For almost total recovery of serum, 1–2 drops of saline or 6% albumin should be spun through first and then removed.

COMMUNICATIONS

To the Editor:

Hooray for John Judd! By condemning[1] the description of exceptionally powerful examples of anti-N as anti-'N', he has struck a blow for clarity in communication between scientists.

If we are to succeed in understanding each other, it is important that we do not allow ourselves to lapse into jargon, or adopt loose terminology that departs from established conventions. The antibodies described in the reports by both Guizzo and Meadows[2] and Kosanke and Behzad[3] were plainly examples of anti-N possessing a sufficient reserve of potency to give detectable agglutination with cells lacking N but possessing 'N'. To call these antibodies anti-'N' is surely similar to calling anti-A, anti-A_2 because it agglutinates A_2 (as well as A_1) cells, or anti-D, anti-D^u because it is capable of detecting D^u (as well as D). Are we entitled to call anti-A,B anti-A_x? How about anti-i for an example of anti-I powerful enough that it requires dilution to show no agglutination of umbilical cord cells? Can we think of anti-Fy^b as anti-Fy^x if it detects the weak Fy^b supposedly produced by Fy^x?